

VIRGINIA RISK-CONTROL INSTITUTE
Application For Enrollment
To register: Complete Form and Fax to 804-786-8840

I would like to apply for acceptance into the ___ Spring ___ Summer ___ Fall section of:
(Year = 2005)

- ___ RC-1: Regulatory Aspects of Safety & Risk Control (Health, Safety & Environmental Management)
___ RC-2: Incident Investigation & Analysis
___ RC-3: System Safety
___ RC-4: Ergonomics
___ RM-1: Property & Liability Insurance
___ RM-2: Insurance Law
___ RM-3: Labor & Employment Relations Law
___ RM-4: Benchmarking & Best Practices in Risk Management
___ RM-5: Legal Environment of Risk Management

Applicant's Name: _____
Job Title: _____ Work Phone: _____
Fax: _____ Email Address: _____
Agency: _____
Mail Address: _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Years of College: 1 2 3 4 5+

If you did not complete high school, do you have an earned high school equivalency diploma (GED)?

___ Yes ___ No

Number of employees in the agency or division for whom you are responsible for safety, workers' compensation, and/or risk management? _____

Percentage of time spent involved with safety? _____% workers' compensation _____%, risk management _____%

Is your agency/institution insured by DHRM's Office of Workers' Compensation? Yes No

Is your agency/institution insured by the Division of Risk Management? Yes No

If so, what insurance does your organization buy from DHRM/OWC or TRS/DRM?

Briefly state how you and your agency/local government will benefit from this class:

I understand that I cannot miss any classes and that this is a college level class requiring considerable personal study and project time.

Applicant's Signature _____ Date _____

I understand that the above named employee will be required to be away from work on eight (8) days during a six-month period. I will not interrupt class or in any way limit his/her attendance on these dates. If the employee fails to complete the course, I understand that my agency may be responsible for repayment of the tuition fee.

Supervisors Signature _____ Date _____